## **Monday - Friday** June 6 - August 12

# Middle School Day Camp 2005

Registration **Begins March 7** 

Enjoy physical challenges, social interaction, develop skills, and participate in volunteer opportunities.

Calvert Recreation Center, 4500 Stockwell, 441-8480 Belmont Recreation Center, 1234 Judson, 441-6789 Mickle Middle School, 2500 N. 67th Street, call 441-7952 Playground Office Irving Recreation Center, 2010 Van Dorn, 441-7954.

**Payments Accepted At:** 

Irving, 2010 Van Dorn, Lincoln NE 68502 Calvert, 4500 Stockwell, Lincoln NE 68506 Belmont, 1234 Judson, Lincoln NE 68521

Mickle at "F" Street Community Center, 1225 "F" Street,

Lincoln NE 68508, c/o Playground Office

#### Weekly Registrations:

From June 6 - August 12 for kids who have completed grades 5, 6, or 7.

#### Your balance is due according to

#### the following schedule:

Weeks 1-3 Payment due by May 20 Weeks 4-7 Payment due by June 10 Weeks 8-10 Payment due by July 8

# **Registration Deposit:**

Registration requires an \$10 per child, per week, nonrefundable, non-applicable deposit.

**Weekly Base Fee:** 

### **Multiple Child Discount:**

Youth Large

Base fee applies to the first child. Each additional child from the same family is \$5.00 off the base fee only. We also have a sliding Fee Rate available. Please contact your choice of day camp for more information.

7:00 am - 8:30 am \$12.00 per child 8:30 am - 4:30 pm \$67.00 per child 4:30 pm - 6:00 pm \$12.00 per child Thanks to ALLTEL for

providing cellular phones at each location for our staff's The power to simplify communication needs.

# **Day Camp 2005 Registration**

Day Camp Location		
Participant's Name		
Grade Completed	Birthdate	
Street Address		
City	State	Zip
Parent's Name		
Home Phone	Day Phone	e
Name of Parent at D	ay Phone	
Phone & name of another	person to contac	t in case of emergency
\$10 per child/per	week nonrefu	ndable deposit
T-shirt Size: Youth Medium	Adult Med	lium

Adult Large \_ Adult XLarge

Mark the weeks, times, and numbers of children attending each session.				
Week	7:00-8:30	8:30-4:30	4:30-6:00	
#1 June 6 - 10				
#2 June 13 - 17				
#3 June 20 - 24				
#4 June 27 - July 1				
#5 July 5 - 8				
(no camp on July 4)				
#6 July 11 - 15				
#7 July 18 - 22				
#8 July 25 - 29				
#9 Aug 1 - 5				
#10 Aug 8 - 12				

Make checks payable to: Lincoln Parks and Recreation. Return to Day Camp Location Choice. Amount Enclosed

Rcp. #\_ **Include Deposit** Check #

Waiver and Release of All Claims: For and in consideration, the undersigned parent (s) or guardian (s) of the participant in the Recreation Day Camp Program, I/we recognize and acknowledge that there are certain risks of physical injury and I/we agree to assume the full risk of any injuries, including death, or loss which the undersigned or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program. I/we do hereby declare that I/we waive all claims of whatsoever kind or nature against the City of Lincoln and the Parks and Recreation Department, its officials, officers, agents, employees and volunteers from any and all claims arising from injuries, including death, damage or loss which I/we or my minor child or ward may incur or may accrue to me or my minor child or ward on account of participation in the activities of this program.. I/we further agree to indemnify and hold harmless and defend the City of Lincoln and the Parks and Recreation Department, its officials, officers, agents, employees and volunteers from any and all claims resulting from injuries, including death, damages and losses sustained by the undersigned or my minor child or ward or arising out of this program. I/we have read and understand the above Waiver and Release of All Claims and understand the effect of the relinquishment.

Name	Relationship	Date
Name	Relationship	Date